

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
District of Claypool  
Town of Miami  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170  
County Registrar No. 757  
Local Registrar No. \_\_\_\_\_

No. 922 Broad St  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child 922 Broad Angie Echols { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 27 1926  
Month Day Year

8. FATHER  
Full name Martin Bryan Echols  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. (Claypool)  
10. Color or race white  
11. Age at last birthday 29 (Years)

14. MOTHER  
Full maiden name Margaret Webb  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. (Claypool)  
16. Color or race White  
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Colorado  
13. Occupation Repairman  
Nature of Industry Copper mine & mill

18. Birthplace (city or place) Eden  
(State or country) Arizona  
19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 5:20 P. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller  
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed Aug 7 1926

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

152-727-462